



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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Prevention and Health Promotion Administration

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July 11, 2013

RE: Mandatory Reporting of All Infants Perinatally Exposed to HIV

Dear Provider:

This letter serves as a reminder to physicians that there is mandatory reporting of all infants exposed to human immunodeficiency virus (HIV) in Maryland to the state health department. Despite this requirement, many providers do not report infants born to HIV-infected mothers.

What to Report: HIV perinatal exposure (infant whose mother has tested positive for HIV regardless of infant's serostatus).

Who Should Report: Physicians are to report an infant whose mother has tested positive for HIV infection.

When to Report: Physicians must submit a report within 48 hours of the birth of an infant to an HIV-infected mother.

How to Report: The attached Maryland Confidential Morbidity Report Form (DHMH-1140) should be used to notify the state health department of an HIV-exposed infant. This form is also available at:
<http://phpa.dhmh.maryland.gov/IDEHSharedDocuments/what-to-report/DHMH1140.pdf>

List the "Disease or Condition" as "HIV Perinatal Exposure" and the "Suspected Source of Infection" as "Perinatal Exposure".

Mail to: Maryland DHMH
500 North Calvert St., 5th Floor
Baltimore, MD 21202
ATTN: PHPA/CHSEE

Contact Information: Center for HIV Surveillance, Epidemiology & Evaluation
Phone: 410-767-5939
Fax: DO NOT FAX



201 W. Preston Street, Baltimore, Maryland 21201
410-767-6742 Fax 410-333-5995
Toll Free 1-877-4MD-DHMH TTY for Disabled
Maryland Relay Service 1-800-735-2258

500 N. Calvert Street, 5th Fl, Baltimore, Maryland 21202
410-767-5227 • Fax 410-333-6333 • TDD for Disabled 410-333-4800
Toll Free 1-800-358-9001 • TTY for Disabled
Maryland Relay Service 1-800-735-2258

Web Site: <http://phpa.dhmh.maryland.gov>

Why to Report: Maryland law requires it. Maryland Code Annotated, Health-General § 18-201.1 and Maryland regulations COMAR 10.18.02.04 require physicians to report infants born to mothers who have tested positive for HIV infection.



More importantly, it is vital for DHMH to work with physicians to track this information in order to identify infected children as early as possible to enroll them into care, thus preventing the progression of HIV disease. This information is used to identify missed prevention opportunities, to target resources, and to refine prevention messages and strategies. The following figures display states' rankings in terms of HIV diagnoses among children aged < 13 years published by the Centers for Disease Control and Prevention (CDC) in February 2013.



<u>STATE/TERRITORY</u>	<u>Cases</u>	<u>Rate per 100,000</u>
1. Texas	20	0.4
2. New York	17	0.6
3. Florida	14	0.5
4. Maryland	12	1.3
5. New Jersey	10	0.7
6. California	9	0.1
7. Michigan	8	0.5
8T. Colorado	7	0.8
8T. North Carolina	7	0.4
10T. Alabama	6	0.7
10T. Washington	6	0.6
<i>United States</i>	<i>193</i>	<i>0.4</i>

CDC. HIV Surveillance Report, 2011. Vol. 23. Table 19.

Maryland Prevention and Health Promotion Administration
March 1, 2013



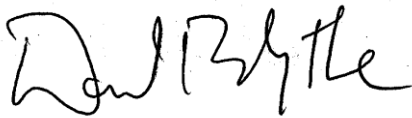
<u>STATE/TERRITORY</u>	<u>Cases</u>	<u>Rate per 100,000</u>
1. Guam	1	3.6
2. District of Columbia	3	3.2
3. New Hampshire	4	2.2
4. Maryland	12	1.3
5T. Colorado	7	0.8
5T. Kentucky	4	0.8
5T. Rhode Island	1	0.8
8T. Alabama	6	0.7
8T. New Jersey	10	0.7
10T. Louisiana	5	0.6
10T. New York	17	0.6
10T. Washington	6	0.6
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Thanks for your attention to this important matter. If you have any questions about this requirement or about the details of reporting of infants exposed to HIV, contact Jami Stockdale of the DHMH Center for HIV Surveillance, Epidemiology and Evaluation at 410-767-5143.

Sincerely,



David Blythe, MD
Assistant Director & State Epidemiologist
Office of Infectious Disease Epidemiology and Outbreak Response

Attachment: DHMH 1140 Form